

EMILY'S LIST

1120 Connecticut Avenue NW

Ste 1100

Washington

DC

20036

FEC ID No. C00193433

☒ 24-Hour Notice ☐ 48-Hour Notice

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF 1 / 2

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) EMILY'S LIST		FEC IDENTIFICATION NUMBER C C00193433	
Check if <input checked="" type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mission Control Inc		Date M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 9	
Mailing Address 114 A Mansfield Hollow Rd #210		Amount 26009.45	
City Mansfield Center	State CT	Zip Code 06250	
Purpose of Expenditure Mailhouse/Postage		Category/ Type	
Name of Federal Candidate supported or Opposed by expenditure: Martha Coakley		Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2009 <input checked="" type="checkbox"/> Other (specify) : Spec-Prim	
		Transaction ID: SE.4174	

Full Name (Last, First, Middle, Initial) of Payee The Dewey Hub		Date M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 9	
Mailing Address 259 West 30th Street Ste 902		Amount 1454.00	
City New York	State NY	Zip Code 10001	
Purpose of Expenditure Phone Banks-Estimate		Category/ Type	
Name of Federal Candidate supported or Opposed by expenditure: Martha Coakley		Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2009 <input checked="" type="checkbox"/> Other (specify) : Spec-Prim	
		Transaction ID: SE.4175	

(a) SUBTOTAL of Itemized Independent Expenditures	27463.45
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Caroline Fines Signature	M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 9

24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :

FEC ID No.

☐ 24-Hour Notice ☐ 48-Hour Notice

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF 2 / 2

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
EMILY'S LIST

FEC IDENTIFICATION NUMBER

C C00193433

Check if ☒ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Mission Control Inc

Date

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Mailing Address

114 A Mansfield Hollow Rd
#210

Amount

1142.08

City

Mansfield Center

State

CT

Zip Code

06250

Office Sought:

☐ House

State: MA

☒ Senate

District: _____

☐ PresidentialPurpose of Expenditure
List PurchaseCategory/
TypeName of Federal Candidate supported or Opposed by expenditure:
Martha CoakleyCheck One: ☒ Support ☐ OpposeDisbursement For: ☐ Primary ☐ General 2009☒ Other (specify) : Spec-Prim

Transaction ID: SE.4176

Calendar Year-To-Date Per Election
for Office Sought

83632.43

(a) SUBTOTAL of Itemized Independent Expenditures

1142.08

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

28605.53

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caroline Fines

Signature

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9